

nized methods of treatment, not seek for panaceas, but give relief from suffering.

5. Have actual practical work in the clinics and laboratories, which must be brought closely together.
6. Develop mental clinics and the study of psychology.

The doctor of medicine in the future must be the master in the field of the prevention of and the relief from the ills that beset mankind. He must be versed in:

1. The anatomy, physiology, chemistry and pathology of the human body.
2. He must be thoroughly familiar with the life histories of and the effects produced by the parasites that live in us and cause most of our ills.
3. He must know individual and group psychology.
4. He must know something of our social organization and economic life.
5. He must be an expert diagnostician of the early stages of disease and a personal therapist selecting and using all known and tried methods of relief.

The medical man who is unwilling to obtain this necessary fundamental training and to see that a specific service is rendered to the patient by him or by some one of his appointed lieutenants should take up some form of medical work which does not require contact with the patient. Each one of the lieutenants of a doctor has taken away from him a certain amount of his contact with the patient. He can at least secure intimate association with the patient through a most careful physical examination. This, with the history, should establish that intimate feeling between the patient and the doctor that is requisite for confidence and success.

We must frankly recognize the fact that, as a profession, we are thought of too much in terms of drugs and the knife and that we have become somewhat isolated from the sick patient because of the machinery that we have built up. The success of the illy trained individual who deals with the sick comes largely from his direct contact with the patient and the mental effect produced therefrom. Each one of the various cults has some element of fact as its basis, often of a purely psychological nature.

We should study every field of therapeutics with our scientific methods and extract from each field the things that are serviceable and worth while. The medical profession should set the battlefields of the future in the matter of therapeutics rather than have them set for them, as is the case today. The only cure for the quack who now adds so much to the sum of human woe is to train our medical students to do their work so well and to get the medical profession to unite so thoroughly in their administration of prevention and relief that every member of our human society gets his share. We cannot afford to take care of only the very poor who appeal to our sympathies and of the well-to-do who can pay us well for our services.

We must organize the medical services of our community so that all may be offered the advantages of modern medical science. We must remember that the sick man is a social unit. He needs help for himself physically and mentally and for his family. We must establish the proper relationship of the sick individual to the community and be the connecting link in this relationship. Finances is only a small portion, although the most obvious one, of this relationship. We have the knowledge, we have the organization, we have the traditions of prevention and treatment. The problem is in our hands. I think that we can rely upon the medical students now in our medical schools, if they are given the proper guidance. Their quality is excellent. I doubt if there is any better aggregation of brains in the country. The training required for the degree of Doctor of Medicine in a first-class medical school today exceeds that for the degree of Doctor of Philosophy. These men and women are capable of meeting the problems along the lines suggested, in the near future, if we will lay the basis now.

The physician who cares for the individual and foresees and prevents the disasters that involve his body and mind and the engineer who lays the basis for safe and economic life will be the leaders in the years ahead.

PROVISIONS OF WORKMEN'S COMPENSATION ACT OF CALIFORNIA RELATIVE TO FURNISHING OF MEDICAL TREATMENT IN COMPENSATION CASES.*

By W. H. PILLSBURY,
Attorney for Industrial Accident Commission

Primarily, the rights and duties of a physician in treating any case are fixed by his contract with the party ordering his services. The person requesting his services expressly or impliedly agrees to pay him for them, and he agrees to furnish his skill and care. If the agreement between the parties specifies a fixed amount as payment, both sides are bound by the agreement; if not, the physician is entitled to collect the reasonable value of his services, to be fixed by the court with reference to standard prices for similar services.

The Workmen's Compensation Act does not change this fundamental contractual basis. The physician still looks to the person asking him to treat the case for payment, either in an agreed amount or for the reasonable value of his services. All that the Compensation Act does is to give an additional recourse under certain circumstances, as indicated below.

The Compensation Act requires the employer, or if the employer be insured, his insurance company, to furnish necessary medical treatment. Correlative with this duty is the right of the employer

* Read before San Francisco Medical Society, January 17, 1922.

or insurance company to select the physicians to treat the case. In furnishing treatment such physician is usually hired by the insurance company and is to be paid by the insurance company upon ordinary principles of contract, as indicated above. If, however, the employer or insurance company neglect or refuse to promptly furnish medical treatment, the injured employe is not obliged to go without treatment, but can immediately call in a physician of his own choice, for whose services the employer or insurance company must eventually pay. In such case the physician has his ordinary contractual right against the person calling him into the case, and also has a right under the Workmen's Compensation Act to hold the insurance company for the reasonable value of his services. In such case the question of reasonable value is to be fixed by the Industrial Accident Commission instead of by the courts. In fixing the reasonable value the commission is obliged, if the litigants are technically inclined, to listen to testimony of other physicians, etc., as to standard charges for such treatment. As a matter of practical expediency, however, the parties almost always agree to leave the determination of the fee to the medical director of the Industrial Accident Commission, and his decision is almost never appealed from.

In addition to furnishing an attending physician, hospital treatment, medical supplies, crutches, etc., the insurance company is also obliged under the Compensation Act in any serious case to furnish the services of a consulting physician to be named and paid by the insurance company. If the employe is dissatisfied with the attending physician, he is entitled, without proving any good cause for dissatisfaction, to ask the employer once for a change of physicians. In that case the employer must nominate at least three additional practicing physicians competent to treat the particular case, from whom the employe is entitled to choose.

The employe is entitled to only the one change of physicians. If he is dissatisfied with the list of three he may, however, require the Industrial Accident Commission to approve the competency for the case of these physicians. This does not mean that the commission personally examines each physician and expresses its view of their qualifications; it only means that the commission, if invoked, will consider whether the physicians on this list hold themselves out to be specialists in the line necessary to treat the particular case. For instance, the commission would not approve the nomination of an eye specialist for orthopedic work, or vice versa. Here again, as a matter of practice, the certification is always left by mutual consent to the medical director of the commission, upon whose advice the commission acts.

In all cases the injured employe, if further dissatisfied, can call in his own physician without loss of compensation payments, the only bad result in such case being that the employe must pay his own medical expenses thereafter. The same is true if he desires additional consulting or other physicians.

THE PROBLEMS OF INDUSTRIAL ACCIDENT INSURANCE *

By JAMES H. PARKINSON, M. D., Sacramento

The first part of this address constitutes the report of the Committee on Industrial Accident Insurance and is published on page 244 of this issue of the Journal.

There are certain general facts or principles involved in the question of Industrial Medicine that the profession must keep constantly before it.

Compensation insurance with which we are now struggling is only one phase of a movement which may be generally described as socialized or centralized State medicine. Its logical conclusion is the centralization of all medical activities in the State, and the elimination of a profession functioning as individual or independent physicians. Special phases of the question are the so-called welfare work and social work. All these various activities function by and through the medical profession without which they cannot be conducted. They have been enormously stimulated by artificial conditions in time of war and have been fostered and encouraged by a most generous, charitable and patriotic profession. Directly or indirectly these agencies are fed and nursed by the taxpayer and so have helped the State expenditures to the appalling figure of \$60,000,000 for the year 1920, the last figures available, or an increase of 220 per cent from the figures of 1910, when these activities first commenced.

As citizens, members of the profession must carefully consider the trend of the times, for the signs on every hand point to a general revolt against the conditions and a recognition for the need of reform lest the revenue raising capacity of the State be exhausted.

As significant of this trend of opinion, the following brief extract is in point:

Mr. John A. Edgerton, president of the National Association of Manufacturers, speaking at their annual convention in New York on May 9, 1922, says:

The chief economic problem of the day is there are too many middlemen in the industrial fabric, with too many persons engaged in distributing the products turned out by the farmer and the manufacturer.

When we add to this excess of distributors, the countless number of whose chief activities are to reform, regulate, inspect, denounce, tax, plunder, and otherwise live upon those who are trying to produce something, it will not be difficult to discover the principal factor in the continuing high cost of living.

In connection with the question before us today, I would strongly commend to your attention the article of Dr. Goodale appearing in the May number of the State Journal. By permission of the Secretary I will now read a letter from the Fund, which also bears upon the subject:

Dear Dr. Musgrave:

It would seem incompatible with my public duty to pass without comment the article in your May issue by Dr. George W. Goodale under the head, "A Statement of the Problems of Industrial Medicine in California." It is also possible that your

* Presented at the Fifty-first Annual Meeting of the Medical Society of the State of California, at Yosemite National Park, May 15, 1922.